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Atty Docket No. 014801-000510US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Uyen-Chau N. Le

Group Art Unit 2876

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EXAMINER Uyen-Chau N. Le**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Matthew J. Newsome, et al., Application No. 10/623,899, filed July 21, 2003 for SYSTEM FOR RAPIDLY DISPENSING AND ADDING VALUE TO FARE CARDS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form;
2. Response to Office Action; and
3. Petition for Extension of Time (in duplicate).

Number of pages being transmitted, including this page: 16

Dated: July 11, 2005

  
Jeanette Olivera

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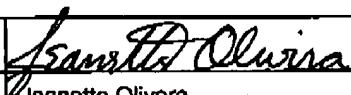
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PTO/SB/21 (08-04)

<b>TRANSMITTAL FORM</b>		Application Number 10/623,899
		Filing Date July 21, 2003
		First Named Inventor Newsome, Matthew J.
		Art Unit 2876
		Examiner Name Uyen-Chau N. Le
Total Number of Pages In This Submission <b>15</b>		Attorney Docket Number 014801-000510US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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